FCC 388

DTV Consumer Education Quarterly Activity Report

Instructions

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to <u>all</u> station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page:
- Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach. (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file that was attached.
- Click "Send Attached File to FCC"
- If you only had one file to attach click "Finish Transaction and Receive Confirmation".
- If you have another file to attach, click on the "Enter Additional Attachments"

Station Call Sign(s)		KXLA		
Report reflects information for quarter ending (mm/dd/yy)		03-31-08		
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?				
Option One (A and D)	Option Two (B and D)	Option Three (C and D)		
Over the past quarter, have you fully o Yes No Simulcasting Are you simulcasting on your Analog ch	complied with the requirements of this op annel and your primary Digital stream?	tion?		
⊠ Yes □ No	If YES, complete only one form for both. channel and a second for your primary Dig			

Call Sign	Channel Numbers	Community of License				
	City		State	County	Zip Code	
KXLA	Analog 44 🖂 🖂	Rancho I	Palos Verdes	Ca.	Los Angeles	90275
Licensee Rancho F	Palos Verdes Broadcasters, Inc.					
Above, circle the Channel Number(s) to which this form applies.		Niclsen DMA	World	World Wide Web Home Page Address		
			Los Angeles	www.k	exlatv.com	
Facility ID Number	Previous Call Sign (if applicable)		License Renewal Expiration Date (mm/dd/yy)		(yy)	
55083		_		i	12-01-14	

Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transitionrelated crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run - Last Quarter

How many DTV PSAs and CSTs did your station run between 5:00	a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	151	
Total 5:00 a.m. to 1:00 a.m. CSTs	0	
For informational purposes only, how many DTV PSAs and CST a.m.?	's did your station run in the last	quarter from 6:00 a.m. to 9:00
Total 6:00 a.m. to 9:00 a.m. PSAs	12	
Total 6:00 a.m. to 9:00 a.m. CST's	0	
For stations located in the Eastern or Pacific Time Zone, how many from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	DTV PSAs and CSTs did your st	ation run in the last quarter
Total 6:00 p.m. to 11:35 p.m. PSAs	10	
Total 6:00 p.m. to 11:35 p.m. CSTs	0	
For stations located in the Central or Mountain Time Zone, how ma from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week)?	my DTV PSAs and CSTs did you	station run in the last quarter
Total 5:00 p.m. to 10:35 p.m. PSAs	N/A	
Total 5:00 p.m. to 10:35 p.m. CSTs	N/A	
Comments (add additional sheets where necessary):		

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How many 30 minute, DTV-related information be run between the hours of 8:00 a.m. and	mational programs did y		uarter? At least one such program must
Total number of 30 Minute Informational	Programs	0	
Comments (add additional sheets where no	ecessary):		
100-Day Countdown Eligible Pieces - L Beginning on November 10, 2008, all st activities. Stations must execute a minim	ations participating in C		
February 17, 2009. During the last quarter	r, how many of each elig	ible 100-Day "Countdown to	o DTV' pieces did your station run?
An	nimated Graphics		
Gr	raphic and Audio Displa	vs	
Lo	nger Form Reminders		
Comments (add additional sheets where no	eccessary);		

Section D (For all proadcasters)	
Additional DTV On-air Initiatives – Last Qua	arter
Did your station run additional on-air initiatives may be used to describe these initiatives.	(such as news reports, town hall meetings, etc.) during the quarter? The comment box
☐ Yes 🔯 No	Comments (add additional sheets where necessary):
Station Website Additional Activity Related to	o the DTV Transition – Last Quarter
Does your station have a Website?	☑ Yes □ No
If YES, did your station provide additional DTV describe what was posted on the station's Websit	related information or activities on that Website? The comment box may be used to te.
☐ Yes ⊠ No	Comments (add additional sheets where necessary):
Additional DTV Outreach Efforts – Last Qua Check all of the DTV related activities listed belo to describe this activity.	ow that your station engaged in over the last quarter. The conuncut box may be used
Speaking Engagements	Comments (add additional sheets where necessary):
Community Events	Comments (add additional sheets where necessary):
Other (describe)	Comments (add additional sheets where necessary):
This comment box may be used to include other quarter.	er comments or information about your station's DTV activity over the last
Comments (add additional sheets where necessar	ry);

024037606 10:52 8002/60/40

STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and be int. and are made in good faith.

Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing	
RONALD ULLOA	MANAGER	
Signature	Dute	
- Torest	4/8/60	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (1) 1 (1) (1) (1) (1) SECTION UNIT), AND/OR PEVACATION OF ANY STATION LIMITIES OR CONSTRUCTION FURMIT (U.S. CODE TILE 47, SECTION 312(2)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 303).

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of Information will take 3 hours. Our estimate include 1 for time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review in form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it call its you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1115), Washing 1 to D. C. 20554. We will also accept your comments via the internet if you send them to practice gov. Remember - you are not regiment to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor 1 is collection, unless it displays a committy valid Obita control number in it as fall to provide you wild talk neglect. This estimates in 15 sent and the control number of 3060-1115.

THE POREGOING NOTICE 13 REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. IN-13, UCTUBER 1, 1995,44 U.S.C. 3507.

FCiC 388 (Paga 7) Murch 2008